

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/58306/</div>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2	/		/				52		/				
3		2		/			53		2				
4	/		/				54		2				
5		1		/			55		2				
6		2		/			56		2				
7		2		/			57	/					
8		2		/			58		/				
9		2		/			59	/					
10		2		/			60		/				
11		2		/			61	/					
12		2		/			62	/					
13		2		/			63		/				
14		2		/			64		/				
15	/		/				65		/				
16		1		/			66		/				
17		1		/			67						
18		1		/			68						
19		1		/			69						
20	/		/				70						
21		1		/			71						
22		1		/			72						
23		1		/			73						
24		1		/			74						
25		1		/			75						
26		1		/			76						
27		1		/			77						
28		1		/			78						
29		1		/			79						
30		1		/			80						
31		1		/			81						
32		1		/			82						
33	/		/				83						
34		1		/			84						
35		1		/			85						
36		1		/			86						
37		1		/			87						
38		1		/			88						
39		1		/			89						
40		1		/			90						
41		1		/			91						
42	/		/				92						
43		1		/			93						
44		1		/			94						
45		1		/			95						
46		1		/			96						
47		1		/			97						
48	/						98						
49		1					99						
50	/						100						
TOTAL IND.		↓	7	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	40	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			47				TOTAL CLAIMS						